

Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

# *The Commonwealth of Massachusetts*

## *Department of Public Safety*

*One Ashburton Place, Room 1301  
Boston, Massachusetts 02108-1618*

*Phone (617) 727-3200*

*Fax (617) 727-5732*

Robert C. Haas  
Secretary

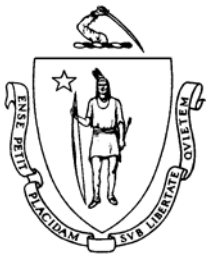
Thomas G. Gatzunis, P.E.  
Commissioner

### **INSTRUCTIONS FOR COMPLETING LICENSE APPLICATION FOR SECURITY SYSTEM CONTRACTORS**

1. Applicants for licensure, whether initial or renewal, must submit a non-refundable fee of \$250.00, payable by check or money order to the "Commonwealth of Massachusetts." The fee must be received with the application in order for the application to be processed.
2. The application must be completed in full. Failure to complete the application in full will result in the application being returned to the applicant and no license issuing.
3. Pursuant to M.G.L. c. 147, §§58-59 the following documents are required and must accompany the application and fee:
  - a. One (1) copy of current Massachusetts electrician's license, class A or C;
  - b. A Criminal Offender Records Information (CORI) request form, completed and signed by the applicant;
  - c. Three letters of recommendation from reputable Massachusetts citizens unrelated to the applicant verifying the reputation of the applicant; and
  - d. One legible copy of a photo identification of the applicant bearing the applicant's signature (examples: passport, driver's license).
4. Please mail a check payable to the Commonwealth of Massachusetts, application, and accompanying documents to:

Commonwealth of Massachusetts  
Department of Public Safety  
One Ashburton Place Room 1301  
Boston, MA 02108-1618

**THE FAILURE TO SUBMIT 1) AN APPLICATION THAT HAS BEEN COMPLETED IN FULL; 2) THE REQUIRED \$250.00 FEE.; AND/OR 3) ANY OF THE DOCUMENTS REQUIRED BY M.G.L. c. 147, §§58-59 WILL RESULT IN THE NON-ISSUANCE OF A**



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### Initial Application for Burglar Alarm/Security Systems Contractor

FEE: \$250.00 (non-refundable)

#### Required Applicant Information:

Name \_\_\_\_\_

Residence \_\_\_\_\_

(Street/Number)

(City/Town)

(Zip Code)

(Telephone)

Business

Name \_\_\_\_\_

Business

Address \_\_\_\_\_

(Street/Number)

(City/Town)

(Zip Code)

(Telephone)

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Pursuant to Massachusetts General Law, chapter 147, §59, all individuals applying for a security system contractors license must disclose whether they have been convicted of a felony. Have you ever been convicted of a felony in Massachusetts or any other state? \_\_\_\_\_Yes \_\_\_\_\_No

Have you registered your business name in accordance with Massachusetts General Laws, chapter 110, §5? \_\_\_\_\_Yes \_\_\_\_\_No

Do you represent an agency incorporated outside Massachusetts? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide name and address of the agency:

\_\_\_\_\_  
Under the pains and penalties of perjury, I attest that to the best of my knowledge all information set forth on this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Social Security Number (requested)

\_\_\_\_\_  
Applicant's Federal I.D. Number

**Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.**



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**CORI REQUEST FORM**

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY:  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE  
LICENSE AND FORFEITURE OF THE LICENSING FEE.